In-Kind Contributions Received

Page ____

Prescribed by Secretary of State 03/05

Full Name of Contributor	YOUR LE	Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration (Municia, it FAC
KATHY (OCUZZ) Street Address	Description of Item or Service	M D Y Fair Market Value
Street Address		152309 4118
1029 Bhul SALL DIC	State Zip Code	Received at Fundraising Event?
INTERMINAL	OH (308) Employer, Occupation, Labor Organization*	OYES ONO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
KATHY (OCUZZI Street Address		M D Y Fair Market Value
Street Address /	Description of Item or Service	1.60109 15.00
1829 Bhulsan Dic	THICHDE TERMIT State Zip Code	Received at Fundraising Event?
	OH 436 81	OYES ONO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Trie Madas Valus
	Description of Item or Service	M D Y Fair Market Value 0 6 2 2 0 9 55 93
1029 BLUESAIL DR	MAGNETIC CAR SIGNS Stre te Zip Code	Received at Fundraising Event?
City	OH 2/308/	
WESTERUILLE	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Full Name of Contributor ATHY OCU221 Street Address		
Street Address	Description of Item or Service	M: D. Y Fair Market Value 06 09 09 68.22 Received at Fundraising Event?
1029 BLULSAIL DR	FOR TOR PARADE PARTY State Zip Code	06 09 09 68.22
Y i '		1
- WESTERUILLE	OH 4308/ Employer, Occupation, Labor Organization*	YES NO Registration Number, if PAC
A La	Employor, Occupation, Barrer and Comment	
HTHY (CC UZZ)	Description of Item or Service	M D Y Fair Market Value
1029 BhUESAIC DIL	ENVELOPES FOR MAINING State Zip Code	M D Y Fair Market Value C Q Q C G G 79 Received at Fundraising Event?
	State Zip Code	•
WESTERVILLE	OH 4308)	YES NO Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, in 1990
KAHY (OCUZZI Street Address	Description of Item or Servage	N D Y Fair Market Value
1029 BLUESAIL DR	ENVELOPES FOR MAILING	07 0709 71.02
City,	State Zip Code	Received at Fundraising Event?
WESTERUILLE	OH 4308/	O YES S NO
MIENTERUNANO		
Full Name of Contributor .	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Full Name of Contributor .		
	Description of Item or Service	M D Y Fair Market Value
Full Name of Contributer KAHY (OC V Z Z I Street Address 1029 BhUESAIL DR:		
Full Name of Contributor KAHHY (OC V Z Z I Street Address 1029 BhUESAIL DR:	Description of Item or Service	N D Y Fair Market Value 07 15 09 44.00 Received at Fundraising Event?
Full Name of Contributer KAYHY COCUZZÍ Street Address 1029 BhUESAIL DR City WESTERUILLE	Description of Item or Service FOSTAGE State Zip Code	N D Y Fair Market Value 07 15 09 44.00 Received at Fundraising Event
Full Name of Contributor,	Description of Item or Service FOSTAGE State Zip Code OH 43681	M D Y Fair Market Value 07 15 09 44.00 Received at Fundraising Event? OYES NO Registration Number. if PAC
Full Name of Contributor KAHHY (OC V Z Z I Street Address 1029 BhUESAIL DR City WESTERUILLE Full Name of Contributor	Description of Item or Service FOSTAGE State Zip Code OH 43681	M D Y Fair Market Value 07 15 09 44.00 Received at Fundraising Event* OYES © NO
Full Name of Contributor KAHY COCUZZÍ Street Address 1029 BhUESAIL DR: City WESTERUILLE	Description of Item or Service FOSTAGE Sta te Zip Code OH 43681 Employer, Occupation, Labor Organization*	N D Y Fair Market Value 07 15 09 44.00 Received at Fundraising Event? OYES NO Registration Number, if PAC

Page Total 362.14

^{*}Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]